

Rental Verification Form

To be completed and signed by ap				
Date:	Attn:			Fax:
The following applicant has given below and email to jin			f our properties.	Please verify the information
Name(s):				
Address:				
Address:				
Applicant hereby authorizes release of information by an			set forth in the	application for rental, includin
Signature			Date	
Section to he completed and signe	d by landlord.			
Address:	Zip:		□P:	
Date of Occupancy:	Le	ength of Occupa	ancy:	Rental Amount:
Any Late Payments? NSF's? Any Pets? Proper Notice Given? Deposit Refunded?	 ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes 	□ No □ No □ No □ No □ No □ No	How Many: How Many: □ Pending	
Has a detainer warrant ever been filed? Is there a balance outstanding to your community?			□ Yes	□ No □ No
I hereby certify that the sta	,	•		st of my knowledge.
Signature			Date	
Title				1

